

MASSHEALTH PROVIDER ENROLLMENT CHECKLIST

Please review your application instructions and program regulations carefully to make sure that you have submitted all documentation necessary to complete your application.

Before returning your application, refer to this list of most of the additional items that you may need. This list is to help ensure that your application is complete. It does not supersede any application requirements in your program regulations. Submitting an incomplete application may result in the delay or denial your application.

- ☐ A completed Provider Application
- ☐ A signed Provider Agreement/Contract
- ☐ A W-9 form, the Request for Taxpayer Identification Number and Certification (Refer to the W-9 Tips memo when completing this form.)
- ☐ A tax coupon, Notice of New Employer Identification Number Assigned, or other documentation from the IRS verifying your tax identification number
- ☐ An Authorization for Electronic Funds Transfer (EFT) of MassHealth Payments from, if you want to receive your MassHealth payments by direct deposit
- ☐ **Corporations, partnerships and trusts** must submit the appropriate application attachment sections and the supporting documents described below

Corporation	Partnership	Trust
<ul style="list-style-type: none">Articles of organizationMost recent annual report, if you are a publicly held corporationMost recent federal corporate tax returns with all schedulesMost recent financial audited statements (balance sheet and income statement)	<ul style="list-style-type: none">Certificate of Massachusetts limited partnershipCopy of the partnership agreementMost recent tax returns with all schedulesMost recent financial statements (balance sheet and income statement)	<ul style="list-style-type: none">Declaration of trustMost recent tax returns with all schedulesMost recent financial statements (balance sheet and income statement)

- ☐ A copy of your professional license or, if the license has expired, a request for renewal
- ☐ Copies of professional board certifications, if applicable
- ☐ Evidence of accreditation by the Joint commission on Accreditation of Healthcare Organizations (JCAHO), if applicable
- ☐ A copy of your Drug Enforcement Administration (DEA) certificate, if applicable
- ☐ If you are a Medicare provider, documentation indicating Medicare number such as a copy of an Explanation of Medicare Benefits (EOMB), or other Medicare notice, indicating your active Medicare provider number

- ☐ Applicants to be **durable medical equipment (DME)** providers must submit:
 - a list of DME services and equipment offered;
 - a list of the usual charges for the DME services offered;
 - names of the manufacturers from whom these products are purchased;
 - catalogs or price lists that indicate all retail and provider acquisition costs;
 - Medicare number; and
 - verification of business registration from the city/town in which the business is located.

Other provider types eligible to provide DME services, such as **pharmacy** and **prosthetics**, must submit similar documentation if they want to be approved to provide DME services. (Contact Provider Enrollment and Credentialing for further details.)

- ☐ Applicants to be **imaging centers/portable X-ray** providers must include a copy of their Department of Public Health Determination of Need letter or Clinic License. If the applicant is exempt from licensure or from a Determination of Need, they must submit a copy of the notice from the Massachusetts Department of Public Health (DPH) exempting them from the licensure or determination-of-need requirements.
- ☐ Applicants to be **nurse practitioner** or **nurse midwife** providers must submit a copy of their collaborative arrangement with their MassHealth supervising physician. This documentation must be signed by both the doctor and the nurse. It must describe the nurse's responsibilities and how the nurse is supervised.
- ☐ Applicants to be **oxygen and respiratory therapy** providers must submit documentation of:
 - one the following:
 - Joint Commission on Accreditation of Healthcare Organization (JCAHO) accreditation;
 - Community Health Accreditation Program (CHAP); or
 - Accreditation Commission for Health Care (ACHC); and
 - Massachusetts licensure of at least one respiratory care practitioner.

Other provider types eligible to provide Oxygen and Respiratory Therapy services, such as **pharmacy** and **durable medical equipment** providers, must submit the same documentation if they want to be approved to provide these services.

- ☐ Applicants to be **pharmacy** providers must submit documentation of:
 - state licensure;
 - Drug Enforcement Administration certification;
 - if the pharmacy has not yet opened at the time that the application is submitted, the opening date of the pharmacy; and
 - utilization of NCPDP telecommunication standard 3.2 format or variable and PMS capability to capture and display the information contained in fields 504, 511, 525, and 526 of the NCPDP response record.
- ☐ Applicants to be **transportation** providers must submit proof of insurance. If they provide ambulance services, they must also submit proof of current Medicare certification.